

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10597519

FILING DATE

7-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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17		1		1		
18	1		1			
19		1		1		
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25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		17		1		
32		13		1		
33		①		1		
34		17		1		
35		13		1		
36		①		1		
37			1			
38			1			
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48						
49						
50						
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	90	←	15	←		←
TOTAL CLAIMS	92		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						